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Dated February 4, 2005

Signature:

(Jacob G. Weintrob, M.S.)

Docket No.: NCI-006DV2  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re the application of: Weaver *et al.*

Application No.: 09/932,676

Filed: August 16, 2001

For: Anti-Epileptogenic Agents

Attorney Docket No.: NCI-006DV2

Group Art Unit: 1624

FEB 10 2005

Examiner: Rao, Deepak R

**RESPONSE TO FINAL OFFICE ACTION**

Via Facsimile  
MS After Final  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the final Office Action (Paper No.13) mailed from the U.S. Patent and Trademark Office on January 14, 2004 in the above-referenced patent application, Applicants provide the following remarks/arguments

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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**DATE:** February 10, 2005  
**CLIENT NO.:** NCI-006DV2  
**MESSAGE TO:** Examiner Rao Re. Application No. 09/932676  
**COMPANY:** United States Patent and Trademark Office  
**FAX NUMBER:** (571) 273-0672  
**PHONE:** (571) 272-0672  
**FROM:** Jacob G. Weintraub, M.S.  
**PHONE:** (617) 227-7400

**PAGES (Including Cover Sheet):** 18      **HARD COPY TO FOLLOW:**  YES  NO

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4/4/05 12:01:26 PM	From LAHIVE & COCKFIELD, LLP	6177424214	T-029	P.02/18	F-149
<b>FAX TRANSMISSION</b>					
<p><b>DATE:</b> February 4, 2005</p> <p><b>PTO IDENTIFIER:</b> Application Number 09/804,670-Cont #1507 Printed Name Attorney: Donald F. WEAVER et al.</p> <p><b>MESSAGE TO:</b> US Patent and Trademark Office</p> <p><b>FAX NUMBER:</b> (571) 272-4200</p> <p><b>FROM:</b> LAHIVE &amp; COCKFIELD, LLP Jacob G. WEINSTEIN M.S.</p> <p><b>PHONE:</b> (617) 227-1900</p> <p><b>Attorney Docket:</b> NC1-00002</p> <p><b>PAGES (including Cover Sheet):</b> 15</p> <p><b>CONTENTS:</b> Response to Final Office Action (10 pages) Fee Transmittal (1 page) as requested Assignment Statement (1 page) Certificate of Transmission (1 page)</p> <p>If you receive of this transmission is in error, please notify the firm immediately by calling, call to sender at (617) 227-7400 and the original transmission to be retransmitted at the address below.</p> <p>This transmission is intended for the sole use of the intended addressee(s) to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or copying of this transmission by someone other than the intended addressee or its designee is strictly prohibited.</p> <p>LAHIVE &amp; COCKFIELD, LLP 28 State Street, Boston, Massachusetts 02109 Telephone: (617) 227-7400 Facsimile: (617) 222-4214</p>					

PAGE 113 \* RCVD AT 2/4/2005 12:01:26 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/26 \* DNIS:2730672 \* CSID:6177424214 \* DURATION (mm:ss):05-18

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<b>FAX TRANSMISSION</b>	
DATE:	February 4, 2005
PTO IDENTIFIER:	Application Number 09/839676-Conf. #6147
INVENTOR:	Donald F. WEAVER et al.
MESSAGE TO:	US Patent and Trademark Office
FAX NUMBER:	(671) 273-8200
FROM:	LAHIVE & COCKFIELD, LLP Jacob C. Weinstaub, M.S.
PHONE:	(617) 227-7400
Attorney Dkt. #:	NCI-006DVJ
PAGES (including Cover Sheet):	16
CONTENTS:	Response to Final Office Action (10 pages) Fax Transmittal (1 page in duplicate) Amendment Transmittal (1 page) Certificate of Transmission (1 page)
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# FAX TRANSMISSION

**DATE:** February 4, 2005

**PTO IDENTIFIER:** Application Number 09/982676-Conf. #5947

Patent Number

**Inventor:** Donald F. WEAVER, et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** LAHIVE & COCKFIELD, LLP

Jacob G. Weintraub, M.S.

**PHONE:** (617) 227-7400

**Attorney Dkt. #:** NCI-006DV2

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PTO/SB/97 (08-04)

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Application No. (if known): 09/932676

Attorney Docket No.: NCI-006DV2

## Certificate of Transmission under 37 CFR 1.8

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Jacob G. Weingraub, M.S.

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56,469  
Registration Number, if applicable

(617) 227-7400  
Telephone Number

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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 300.00</b>
<b>Complete if Known</b>	
Application Number	09/932676-Conf. #5947
Filing Date	August 16, 2001
First Named Inventor	Donald F. WEAVER
Examiner Name	D. R. Rao
Art Unit	1624
Attorney Docket No.	NCI-006DV2

**METHOD OF PAYMENT** (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number 12-0080      Deposit Account Name Lahive & Cockfield, LLP				

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
29	- 23 = 6	x 50.00	= 300.00			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
1	- 3 =	x	=		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		=

**4. OTHER FEE(S)**

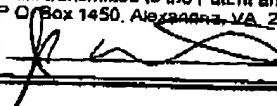
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge).

SUBMITTED BY	
Signature	
Name (Print/Type)	Registration No. (Attorney/Agent) 56,469 Telephone (617) 227-7400
Date February 4, 2005	

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## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\\$) 300.00
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### Complete if Known

Application Number	09/932678-Conf. #5947
Filing Date	August 16, 2001
First Named Inventor	Donald F. WEAVER
Examiner Name	D. R. Rao
Art Unit	1624
Attorney Docket No.	NCI-006DV2

### METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number <u>12-0080</u>		Deposit Account Name <u>Lahive &amp; Cockfield, LLP</u>
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<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

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360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
29	- 23 = 6	x 50.00	= 300.00

##### Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 =	x	=

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

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SUBMITTED BY		Signature	Registration No. (Attorney/Agent)	56,489	Telephone	(617) 227-7400
Name (Print/Type)	Jacob G. Weintraub, M.S.				Date	February 4, 2005

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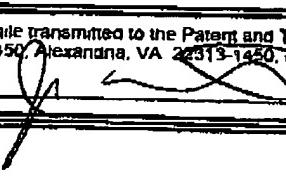
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T-029 P.08/18 F-149

FEB 10 2005

AMENDMENT TRANSMITTAL LETTER				Docket No NCI-006DV2	
Application No. 09/932676-Conf. #5947	Filing Date August 16, 2001	Examiner D. R. Rao		Art Unit 1624	
Applicants Donald F. WEAVER et al.					
Invention: ANTI-EPILEPTOGENIC AGENTS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
29	- 23 =	6	x 50	300.00	
Independent Claims	1	- 3 =	x		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					300.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>300.00</u> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <u>February 4, 2005</u>					
<u>Jacob G. Weintraub, M.S.</u> Registration No.. 58,469 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400 Attorney or Agent Under 37 CFR §1.34					
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